## ATTORNEY DOCKET NO. Y2086-10301

## TED STATES PATENT AND TRADEMARK OFFICE

In re the Application of Vladimir Bulovic, et al.

Serial No.: 10/693,022

Art Unit: 2629

Filed: October 23, 2003

Examiner: William Boddie

Title: LED ARRAY WITH PHOTODETECTOR

## PETITION FOR EXTENSION OF TIME

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby requests a One (1) month Extension of Time to wit until and including February 6, 2007, to respond to the Office Action dated October 6, 2006. Applicant herewith includes the extension fee in the amount of \$60.00.

Respectfully submitted,

Dianoosh Salehi

Reg. No. 46,352

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(202) 776-7801

Dated: January 25, 2007

01/29/2007 MAHMED1 00000007 041679 10693022

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60.00 DA

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032

| Under the sperwork Reducti   | Act of 1995   | no persons are requ | uired to re      | U.S. Patent<br>espond to a collection | t and Trac<br>n of infor | demark Office; U.S.<br>nation unless it disp | DEPARTMENT OF COMMER( lays a valid OMB control numb |  |
|--|---|---------------------|------------------|---------------------------------------|--------------------------|--|---|--|
|  | ive on 12/08/2  | 004                 |                  |                                       |                          | Complete if Kn                               |   |  |
| Fees pursuant to the Consolid  |   |                     |                  | Application Nun                       | nber                     | 10/693,022                                   | · · · · · · · · · · · · · · · · · · ·               |  |
| FEE TRANSMITTAL For FY 2005  |   |                     | Filing Date Octo |                                       | October 23, 20           | ctober 23, 2003                              |   |  |
|  |   |                     | First Named Inv  | nventor Vladimir Bulovic              |                          | C  |   |  |
| Ligant plaims amail antity status. See 27 CED 1.27   |   |                     |                  | Examiner Name                         | е                        | William Boddie                               |   |  |
| Applicant claims small entity status. See 37 CFR 1.27  |   |                     |                  | Art Unit                              |                          | 2629   |   |  |
| TOTAL AMOUNT OF PAY  | MENT (\$)   | 60.00               |                  | Attorney Docke                        | t No.                    | Y2086-10301                                  |   |  |
| METHOD OF PAYMENT (check all that apply)   |   |                     |                  |                                       |                          |  |   |  |
| Check Credit   | Card N  | Money Order         | Nor              | ne Other (p                           | olease ide               | ntify):                                      |   |  |
| ✓ Deposit Account Deposit Account Number: 04-1679 Deposit Account Name:  |   |                     |                  |                                       |                          |  |   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |   |                     |                  |                                       |                          |  |   |  |
| ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |   |                     |                  |                                       |                          |  |   |  |
| Charge any a   | dditional fee   | (s) or underpayme   | nts of fe        | -(-)                                  |                          |  | oxeopt for the filling fee                          |  |
| under 37 CFR 1.16 and 1.17   |   |                     |                  |                                       |                          |  |   |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |                     |                  |                                       |                          |  |   |  |
| FEE CALCULATION  |   |                     |                  |                                       |                          |  |   |  |
| 1. BASIC FILING, SEAF  | RCH, AND I<br>FILING I  | EXAMINATION I       |                  | CH FEES                               | EYAN                     | IINATION FEES                                | 3   |  |
| u sålen Tyre   | S   | mall Entity         |                  | <b>Small Entity</b>                   |                          | Small Entity                                 |   |  |
| Application Type   | Fee (\$)  | Fee (\$)            | Fee (\$          |                                       | Fee                      |  | Fees Paid (\$)                                      |  |
| Utility  | 300   | 150                 | 500              | 250                                   | 200                      |  |   |  |
| Design   | 200   | 100                 | 100              | 50                                    | 130                      | •••  |   |  |
| Plant  | 200   | 100                 | 300              | 150                                   | 160                      | 00   |   |  |
| Reissue  | 300   | 150                 | 500              | 250                                   | 600                      |  |   |  |
| Provisional  | 200   | 100                 | 0                | 0                                     | 0                        | 0  |   |  |
| 2. EXCESS CLAIM FEE  | 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) |                     |                  |                                       |                          |  |   |  |
| Each claim over 20 (i  | ncluding R  | eissues)            |                  |                                       |                          | 50   | <u>Fee (\$)</u><br>25                               |  |
| Each independent claim over 3 (including Reissues)   |   |                     |                  |                                       |                          | 200  | 100   |  |
| Multiple dependent c   |   |                     |                  |                                       |                          | 360  | 180   |  |
| Total Claims   | Extra Clain   |                     | <u>Fee</u>       | Paid (\$)                             |                          | <u>Multiple I</u>                            | Dependent Claims                                    |  |
| - 20 or HP =  HP = highest number of total   | claims paid fo  | _ X                 |                  |                                       |                          | <u>Fee (\$)</u>                              | Fee Pald (\$)                                       |  |
| Indep. Claims  | Extra Clain   |                     | Fee              | Paid (\$)                             |                          |  | -   |  |
| 3 or HP =  |   | X                   | =                |                                       |                          |  |   |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  |   |                     |                  |                                       |                          |  |   |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |   |                     |                  |                                       |                          |  |   |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |   |                     |                  |                                       |                          |  |   |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |   |                     |                  |                                       |                          |  |   |  |
| - 100 = / 50 = (round up to a whole number) x =  |   |                     |                  |                                       |                          |  |   |  |
| 4. OTHER FEE(S) Non-English Specific   | ation, \$1  | 30 fee (no small    | entity (         | discount)                             |                          |  | Fees Paid (\$)                                      |  |
| Other (e.g., late filing   |   |                     | -                |                                       |                          |  | \$60.00   |  |
| SUBMITTED BY   | 4   |                     |                  |                                       |                          |  |   |  |

| SUBMITTED BY      |                 |   |                        |
|-------------------|-----------------|---|------------------------|
| Signature         | banas           | Registration No.<br>(Attorney/Agent) 46,352 | Telephone 202-776-7800 |
| Name (Print/Type) | Dianoosh Salehi | Date January 26, 2007                       |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.